



UNIVERSITY OF
SAINT JOSEPH
CONNECTICUT

Office of the Bursar

Tuition Discount Form

Hartford Fire Insurance Group

Student Name: _____

USJ Student ID# _____ (not SS#) Semester: _____ Credits: _____

Program of Study/Major: _____

Check one: Graduate _____ UG Prog for Women _____ PAL _____

By signing below, I acknowledge my understanding that: (1) This form must be completed each semester a waiver/discount is requested; (2) I must be formally registered prior to any adjustments being made; (3) Only one waiver/discount type will be honored per semester; (4) This waiver/discount contains no monetary value; (5) Waiver/discount is time sensitive; (6) Waiver/discount is non transferrable.

Student Signature _____ Date _____

Directions:

1. Complete this form
2. Scan both sides of your Hartford Employee Badge
3. Submit both documents, electronically to:

Email: Graduate@usj.edu

OR

Fax: 860.231.5744
4. Waiver should be submitted at time of registration, but no later than the conclusion of the drop/add period for which the waiver is being sought.

Questions about the discount program should be directed to:

Kimberly Crone, VP for Enrollment Management
kcrone@usj.edu ; Phone: 860.231.5360

For USJ Use Only:

Discount Authorized: 15% Tuition Discount

USJ Authorization Name: Please Print _____

USJ Authorized Signature: _____ **Date** _____

Bursar Signature: _____ **Date** _____

GL Account 11-78505-7023 15% Tuition